

MARYLAND STATE BOARD OF DENTAL EXAMINERS

BENJAMIN RUSH BUILDING • SPRING GROVE HOSPITAL CENTER
55 WADE AVENUE • BALTIMORE, MARYLAND 21228
PHONE – 410-402-8500 • FAX – 410-402-8505
www.dhmd.state.md.us/dental/

Please mail your completed test, affidavit and a check or a money order in the amount of \$50.00 (non-refundable) made payable to the Maryland State Board of Dental Examiners to the address listed above.

Name_____

Date_____

Address_____

Social Security Number_____

DENTAL HYGIENE – JURISPRUDENCE EXAMINATION - 2005

The successful completion of this examination fulfills the Jurisprudence requirements for the Maryland State Board of Dental Examiners for Dental Hygienists. This examination is **open** book.

SECTION ONE – TWO POINTS FOR EACH QUESTION. CIRCLE THOSE SERVICES WHICH ARE LEGALLY WITHIN THE SCOPE OF PRACTICE OF A DENTAL HYGIENIST IN MARYLAND.

- | | |
|---|---|
| A. Place or remove an arch wire | R. Administer local anesthesia |
| B. Perform curettage | S. Etch teeth |
| C. Fabricate bleaching, fluoride and impression trays on models | T. Perform a preliminary dental exam |
| D. Apply topical anesthesia | U. Remove sutures |
| E. Place and remove retraction cord | V. Place an original periodontal dressing |
| F. Perform brush biopsy | W. Prepare and fit stainless steel crowns |
| G. Administer nitrous oxide | X. Apply pit and fissure sealants |
| H. Take alginate impressions for study models or diagnostic casts | Y. Expose radiographs |
| I. Apply bonding agent | |
| J. Place or remove cemented or bonded orthodontic bands and attachments | |
| K. Perform vitality tests | |
| L. Cement permanent crowns | |
| M. Adjust the occlusion of a natural tooth, restoration, or appliance - intraorally | |
| N. Apply and remove a socket dressing | |
| O. Use high speed hand piece- intraorally | |
| P. Construct athletic mouth guards on models | |
| Q. Remove a temporary restoration - intracoronal | |

SECTION TWO - FIVE POINTS FOR EACH QUESTION. CIRCLE LETTER NEXT TO THE CORRECT ANSWER. EACH QUESTION HAS ONE CORRECT ANSWER.

- 1. Sexual misconduct of either a verbal or physical nature includes but is not limited to:**
 - a. Requesting sexual favors of a patient.
 - b. Touching a patient in a sexual manner.
 - c. Verbal conduct of a sexual nature while treating a patient.
 - d. All of the above.
 - e. Answers a. and b. only

- 2. Dental hygienists in the State of Maryland may perform dental hygiene services under general supervision in a private dental office with the permission of the supervising dentist if:**
 - a. The dental hygienist has at least 1,200 hours of dental hygiene clinical practice in direct patient care.
 - b. Treatments authorized by the supervising dentist to be provided by the dental hygienist are rendered no later than 6 months from the date the patient was examined and evaluated by the supervising dentist.
 - c. There is a written agreement between the supervising dentist and the dental hygienist that clearly sets forth the terms and conditions under which the dental hygienist may practice, including a statement that the dental hygienist may provide dental hygiene services without the supervising dentist on the premises.
 - d. The number of unsupervised clinical hours worked by a supervised dental hygienist in any given calendar week is less than 50 percent of the dental hygienist's total hours.
 - e. All of the above.

- 3. Dental hygienists may be disciplined by the Maryland State Board of Dental Examiners for:**
 - a. Failing to display a copy of his/her license and renewal certificates.
 - b. Willfully making or filing a false report or record in the practice of dental hygiene.
 - c. Having been convicted of or having pled guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or please set aside.
 - d. All of the above.

- 4. In the office where you are employed as a dental hygienist, a dentist requests that you perform a procedure that is unlawful for a dental hygienist to perform in Maryland; however, you perform the requested procedure as directed by the dentist:**
 - a. Your license to practice dental hygiene may be subject to disciplinary action by the Board.
 - b. Your license to practice dental hygiene is not subject to disciplinary action by the Board since you performed the procedure as directed by a dentist.
 - c. Only the dentist's license is subject to disciplinary action by the Board.

- d. Answers b. and c. only
- e. All of the above.

5. A Dental Hygienist Rehabilitation Committee:

- a. Is a committee of the Maryland State Board of Dental Examiners.
- b. Has its members appointed by the Maryland State Board of Dental Examiners.
- c. Evaluates and provides assistance to any dental hygienist in need of treatment and rehabilitation for alcoholism, drug abuse, chemical dependency, or other physical, emotional, or mental condition.
- d. None of the above.
- e. All of the above.

6. An individual holding an expired general license to practice dental hygiene may apply for reinstatement if the individual:

- a. Submits to the Board notarized affidavits, or other evidence satisfactory to the Board, that the applicant has actively practiced dental hygiene within the 3 years immediately preceding the date of application for reinstatement.
- b. Submits to the Board satisfactory proof of licensure and good standing from all states in which the applicant is currently licensed.
- c. Submits to the Board an application for reinstatement on a form provided by the Board.
- d. All of the above.

7. Dental hygienists in the State of Maryland may perform dental hygiene services under general supervision in a facility that has been granted a waiver of supervision if the dental hygienist:

- a. Holds an active license to practice dental hygiene in Maryland
- b. Holds a current certificate of Health Care Provider Level C Proficiency in Cardiopulmonary Resuscitation.
- c. Have at least 2 years experience in direct patient care in the active clinical practice of dental hygiene.
- d. Holds a current certificate from a Board approved sponsor indicating successful completion of at least 8 hours duration on the treatment of the elderly and disabled in a dental health care setting.
- e. All of the above
- f. Answers a., b., and c. only.

8. A dental hygienist who holds an inactive Maryland dental hygiene license may:

- a. Not practice dental hygiene in Maryland.
- b. Practice dental hygiene in a facility in Maryland that is owned by the federal, State, or local government.
- c. Practice dental hygiene in a private dental office if the dental hygienist's practice is limited to 10 hours or less

of dental hygiene services in any 7 consecutive day period.

d. Answers b. and c. only.

9. A licensee must complete _____ hours of continuing education in order to renew a dental hygiene license for a two-year period.

a. 12 hours

c. 25 hours

b. 15 hours

d. 30 hours

10. The following intraoral functions may not be performed in the practice of dental hygiene.

a. Diagnosis

d. Condensing, carving, or finishing any restoration.

b. Cavity repair.

e. All of the above.

c. Tooth placement correction.

f. Answers a. and b. only.

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JURISPRUDENCE EXAMINATION FROM THE MARYLAND STATE BOARD OF DENTAL EXAMINERS

NAME_____

ADDRESS_____

SCORE:_____

☐ PASSED

☐ FAILED

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AFFIDAVIT of Applicant:

I, _____, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Maryland Dental Practice Act and Regulations.

I have read the Maryland Dental Practice Act and Regulations in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with Maryland Health Occupations Code Annotated, §4-315, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding that licensee or applicant has knowingly made misleading, deceptive, untrue or fraudulent representations in the practice of dentistry or on any document connected therewith.

Witnessed my signature, the _____ day of _____, 200__.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 200__.

Notary Public

My Commission Expires: _____